

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 770790 (4)
1. Corporation Name

NICARAGUAN AMERICAN BANKERS AND BUSINESSMEN ASSOCIATION, INC.



Principal Place of Business: C/O R. ARGUELLO, 700 BRICKELL AVE, MIAMI FL 33131 US
Mailing Address: P.O. BOX 16-3809, C/O R. ARGUELLO, MIAMI FL 33116-3809 US

3. Date Incorporated or Qualified: 10/17/1983
4. FEI Number: 59-2329444
Applied For: Not Applicable

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: CASTILLO, ALVARO ESG, 1533 SUNSET DRIVE, MIAMI FL 33143

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARGUELLO, ROBERTO J.	
STREET ADDRESS	700 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARDOZE, JULIO I	
STREET ADDRESS	1035 COTORRO AVE.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MENDIETA, URIEL	
STREET ADDRESS	3191 SW 22ND ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	BRAUTIGAM, HARRY	
STREET ADDRESS	201 S BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SALAZAR, RENATO	
STREET ADDRESS	780 NW 42ND AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ORTIZ, ARMANDO	
STREET ADDRESS	11045 SW 138 CT.	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	IRMA CAROL LOPEZ	
2.3 STREET ADDRESS	201 S. Biscayne Blvd. 28th. Floor	
2.4 CITY-ST-ZIP	Miami, Fl. 33131	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (10/97)